

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

19 3542

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original <input checked="" type="checkbox"/> Revised * <input type="checkbox"/> Canceled <input type="checkbox"/> Courtesy <input type="checkbox"/>			
		* Must include copy of notification which is being revised.			
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer) <div style="text-align: right; font-weight: bold;">RECEIVED State of Indiana DEC 15 2015</div>					
+ Owner: <u>Covance Laboratories, Inc.</u>					
Address: <u>671 S. Meridian Road</u>		Dept of Environmental Management State of Indiana			
City: <u>Greenfield</u>		State: <u>IN</u>	Zip: <u>46140</u>		
Contact: <u>Doug Rodebeck/Teresa Arellanes</u>		Telephone #: <u>317.467.2676/317.467.2893</u>			
Removal Contractor: <u>Delta Services, Inc.</u> Address: <u>3220 N. Shadeland Avenue</u> City: <u>Indianapolis</u> State: <u>IN</u> Zip: <u>46226</u> Contact: <u>Stephen Werner</u> Phone: <u>317.710.6861</u> IN License #: <u>195306042</u> Expiration: <u>4/4/16</u>		Demolition Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____			
Inspector: _____ Address: _____ City: _____ State: _____ Zip: _____ IN License #: _____ Expiration: _____ Phone: _____		(Required for asbestos projects at schools K - 12) Project Designer: <u>N/A</u> Address: _____ City: _____ State: _____ Zip: _____ IN License #: _____ Expiration: _____ Phone: _____			
III. TYPE OF OPERATION (check one)		Renovation: <input checked="" type="checkbox"/> Emergency Renovation: <input type="checkbox"/>			
Intentional Burning: <input type="checkbox"/>		Demolition: <input type="checkbox"/> Ordered Demolition: <input type="checkbox"/>			
IV. IS ASBESTOS PRESENT? (check one)		YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>			
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE. USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL <u>Polarized Light Microscopy (PLM) or Transmission Electron Microscopy (TEM) or owner assumption</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	420	N/A	N/A	N/A	N/A
Surface Area (SqFt)	1,200	N/A	N/A	N/A	N/A
Total Volume (CuFt) on/off Components	490	N/A	N/A	N/A	N/A
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL:		Start: <u>01/01/15</u> End: <u>12/31/15</u>			
VIII. SCHEDULED DATES OF RENOVATION:		Start: <u>1/1/15</u> End: <u>12/31/15</u> DEMOLITION: Start: <u>NA</u> End: <u>NA</u>			
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Approximately 42 buildings at Greenfield Plant Site</u>					
Street Address: <u>671 S. Meridian Road</u>					
City: <u>Greenfield</u>		State: <u>IN</u>		County: <u>Hancock</u>	
Location of removal within building: <u>Not available due to the nature of non-scheduled renovation operations.</u>					
Building Size (SqFt): <u>600 to 200,000 square feet</u>			# of Floors: <u>1 or 2</u>		Age: <u>Up to 90 yrs.</u>
Present Use: <u>Research labs, offices</u>			Prior use: <u>same</u>		

CS+ 30695

Andrea James

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED

Individual non-scheduled operations including but not limited to the following: Thermal system insulation from pipes, tanks or other facility components; removal of sprayed on, troweled-on or otherwise applied surfacing materials from building surfaces or structural members; and removal of miscellaneous ACM such as floor tiles, ceiling tiles and asbestos-cement include gross removal, glove bag removal, hand stripping or scraping.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:

Work practice and emission control requirements from RHCM removal will be implemented according to 326 IAC 14-10-4 including the use of wetting agents, glove bag systems, containments, leak tight wrapping and negative air units as appropriate RACM waste will be adequately wetted, placed into leak-tight containers or wrapping, properly labeled and disposed of at an approved landfill according to 326 IAC 14-10-4, 40 CFR 61.150 and 329, IAC 10-8-4. Removal will be conducted in a manner that prevents the material from becoming crumbled or reduced to powder

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED POWDER:

If unexpected asbestos is found or previously non-friable material becomes friable, it will be handled according to the procedures outlined for renovations involving RACM, including all appropriate work practices and emission controls and the use of accredited personnel. If the total amount of RACM for a single renovation then exceeds the threshold for an individual notification, a separate notification will be submitted.

XIII. WASTE TRANSPORTER

Name: Caldwell Gravel Services

Address: 11380 North 300 East

City: Morristown State: IN Zip: 46161

Contact: Dave Klene Phone: 765.763.1238

XIV. WASTE DISPOSAL SITE

Name: Caldwell Gravel Services

Address: 11380 North 300 East

City: Morristown State: IN Zip: 46161

Contact: Dave Klene Phone:

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).

Name: N/A

Title:

Date ordered to begin:

Authority:

Date of Order:

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and time of emergency:

Description of sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage:

XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.

Covance Laboratories, Inc.

Owner/operator (signature)

Teresa Arellanes

Owner/operator (printed)

date

Covance Laboratories, Inc.

affiliation

OFFICE USE ONLY

POSTMARK:

RECEIVED:

REVIEWED BY: AB

DEFICIENCIES: 0



317.916.8000 • www.augustmack.com
1302 North Meridian Street, Suite 300 • Indianapolis, Indiana 46202

December 9, 2015

Indiana Department of Environmental Management
Office of Air Quality
Asbestos Section
100 North Senate Avenue
Indianapolis, Indiana 46204

RECEIVED
StateofIndiana

DEC 15 2015

DeptofEnvironmentalManagement
StateofIndiana

**Re: Notification of Nonscheduled Asbestos Renovation Operations 2016
Covance Laboratories, Inc.
Greenfield, Indiana
August Mack Project Number JP0628.240**

Dear Sir or Madam:

August Mack Environmental, Inc. (August Mack) was retained by Covance Laboratories, Inc. (Covance) to prepare the enclosed 2016 annual blanket notification for nonscheduled asbestos renovation operations. This notification is required by 326 IAC 14-10-4 and 40 CFR 61.145(a)(4) and covers the 2016 calendar year. The appropriate notification form is included in Attachment A.

Please feel free to contact us at 317.916.8000 if you have any questions or comments regarding this information.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Richards".

Jennifer Richards
eCAP® Account Manager

A handwritten signature in cursive script that reads "Charles J. Staehler".

Charles J. Staehler
Principal Engineer of Compliance Services

ATTACHMENT A

Notification of Demolition and Renovation Operation Form

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anes - EHS B240



7013 0600 0000 9725 5212

UNITED STATES POSTAGE
\$ 12.00
02 1M
0004283664 DEC 14 2015
MAILED FROM ZIP CODE 46140



MSC: 000

IDEM

FLR:

Indiana Department of Environmental
Management
Office of Air Quality
Asbestos Section
100 North Senate Avenue
Indianapolis, IN 46204

CARR: USPS
TRK#: 70130600000097255212
RCVD: 12/15/2015 10:44

TO: IDEM
PH:
MSC: 0000000547
PCS: 1



ELC013365221

PREPAID FROM 46140

71 South Meridian
Greenfield, IN 46140
ttn: Teresa Arellanes - EHS B240



7013 0600 0000 9725 5212

U.S. POSTAGE



Indiana Department of Environmental
Management
Office of Air Quality
Asbestos Section
100 North Senate Avenue
Indianapolis, IN 46204

IDEM

FLR:

MSC: 00000005

FROM: covance
CARR: USPS
TRK#: 70130600000097255212
RCVD: 12/15/2015 10:44

TO: IDEM

PH:

MSC: 0000000547

PCS: 1



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RR01USL FIRM #415,2018